



Indiana Attorney General

Steve Carter

**CONSUMER COMPLAINT**

To prevent delay, please be sure to complete **both sides** of this form **in full**. Please **print** clearly or type.

**1. Your Name?****2. Who is Your Complaint Against?**

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. Name/Firm \_\_\_\_\_  
 Your Name \_\_\_\_\_ Address \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_  
 County \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Person you dealt with \_\_\_\_\_  
 Evening Phone ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_  
 E-mail \_\_\_\_\_ Type of business: ☐ Charity ☐ Real Estate  
☐ Newspaper ☐ Insurance  
☐ Other: \_\_\_\_\_

**3. When did the Transaction/Incident occur?**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM PM

**4. Where did the Transaction/Incident you are complaining about take place?**

☐ At the firm's place of business ☐ Away from the firm's place of business (at work, a convention...)  
☐ By telephone ☐ By mail ☐ By Internet/e-mail ☐ My home ☐ Other: \_\_\_\_\_

**5. What was the very first Contact between You and the Firm?**

☐ I telephoned the firm ☐ I went to the firm's place of business  
☐ I responded to a radio/TV ad ☐ I received a telephone call from the firm  
☐ A person came to my home ☐ I responded to an offer on the Internet  
☐ I received information by e-mail ☐ I responded to a printed advertisement  
☐ I received information in the mail ☐ Other: \_\_\_\_\_

**6. Did the Firm call you at your phone number?**

☐ Yes ☐ No

Did the caller want you to either buy something or make a donation? ☐ Yes ☐ No

Was your phone number on Indiana's Telephone Privacy List? ☐ Yes ☐ No

What was your phone number that the firm called? ( \_\_\_\_\_ ) \_\_\_\_\_

Your phone number that the firm called was a: ☐ Business phone ☐ Cell phone ☐ Residential phone

Did the firm believe you owed them money when they called you? ☐ Yes ☐ No

Before you received the call, had you asked the firm to call you? ☐ Yes ☐ No

The person that called you was: ☐ An employee of the firm/charity ☐ A volunteer  
☐ There was no person, just a recording ☐ A professional fundraiser/telemarketer ☐ I don't know

**7. Do you consent to the Consumer Protection Division disclosing to the public the following:**

The nature and status of your complaint and the name of the firm? ☐ Yes ☐ No

Your name? ☐ Yes ☐ No Your phone number? ☐ Yes ☐ No

**-- PLEASE BE SURE TO ANSWER THE ADDITIONAL QUESTIONS ON THE OTHER SIDE OF THIS FORM --**

Ind Prac PL MO NL NJ OA: Inv Sec DAG File # -CP-

8. What was the Transaction for? ☐ My business ☐ My family/household ☐ My farm

9. How did you pay? ☐ Cash ☐ Medicare ☐ Installment Loan ☐ Credit Card  
☐ Check ☐ Medicaid ☐ Private Insurance ☐ Other: \_\_\_\_\_

10. Did you sign any written agreement? ☐ Yes ☐ No **If Yes, please attach a copy of the agreement**

11. Have you complained to the business? ☐ Yes ☐ No When? \_\_\_\_\_

What action was taken? \_\_\_\_\_

12. With what other agency have you filed this complaint? \_\_\_\_\_

What action was taken? \_\_\_\_\_

13. Have you contacted a private attorney? ☐ Yes ☐ No

14. Have you started court action? ☐ Yes ☐ No **If Yes, please attach a copy of all court papers**

15. Have you been sued over this issue? ☐ Yes ☐ No **If Yes, please attach a copy of all court papers**

**16. Please Describe Your Complaint in Detail. (Attach an extra sheet if necessary.)**

Please attach a copy of all papers involved (order blank, warranty, credit card receipt and statement, invoice, contract or written agreement, advertisement, cancelled check, correspondence and all other related documents.) Please **print** clearly or type: \_\_\_\_\_

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17. How would you like your complaint resolved? \_\_\_\_\_

**I certify that the information on this form is true and accurate to the best of my knowledge. I consent to the respondent and any other person releasing to the Consumer Protection Division any information or document the Division requests in investigation of this complaint.**

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

**WHAT WILL HAPPEN NOW? WHAT ELSE SHOULD YOU DO?**

The Consumer Protection Division will send a copy of your complaint to the respondent firm or licensed professional. This office cannot disclose your complaint against a licensed professional to the public unless this office files a disciplinary action against the licensed professional. This office cannot disclose your complaint against any other person or firm without your consent. This office represents the State of Indiana and is strictly limited in what remedies it can pursue. You may be entitled to compensation or other rights that we cannot pursue for you. In addition to filing this complaint, you should contact a private attorney or a small claims court.

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